

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-033012
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 359

FILED SEP 14 1965

VS 300
Rev. 4/59

10941

20940

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121-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>2 da.</u>	c. CITY OR TOWN <u>Frankclay</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Frankclay</u>
3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Mae</u> Last <u>Lawson</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1965</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-27-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>64</u>
11. BIRTHPLACE (City and state or country) <u>(Rural) Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Fairchild</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Simmons</u>	
14. NAME OF HUSBAND OR WIFE <u>Luther Lawson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Mrs. Bonnie Byington, Leadwood, Mo.</u>		17. ADDRESS <u>Leadwood, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Related Renal Stones, Diabetes Mellitus, Hiatus Hernia</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:10</u> a.m. p.m.	Month, Day, Year <u>1964</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Frankclay, Mo.</u>	
21. I attended the deceased from <u>1964</u> to <u>Sept 7, 1965</u> and last saw her alive on <u>Sept 7, 1965</u>		Death occurred at <u>9:10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J. L. Foster MD</u>		22b. ADDRESS <u>Leadwood, Mo</u>	
22c. DATE SIGNED <u>9-8-65</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Sept. 10, 1965</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Frankclay, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>Sept 8, 1965</u>	
24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 16 1965

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

0-1
0-1

Student _____
Signature of Student Embalmer

Signed Bert R. Boyer
Licensed Embalmer No. 3445

P. O. Address Leadwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.